

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 25-NOV-2013		TIME 19:55:00		2. ADDRESS OF OCCURRENCE 6120 S EBERHART AVE CHICAGO, IL 60637				3. LOCATION CODE 289		4. BEAT/OCCUR 0313								
MEMBER INVOLVED	5. POSITION 9161		8. LAST NAME HOMER		7. FIRST NAME JUSTIN M		8. STAR NO. 10979		8. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE [REDACTED]		12. HT. 508		13. WT. 160	
	14. DATE OF APPT. 05-DEC-2005		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 011 4171C		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		16. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
	20. LAST NAME MOSLEY		21. FIRST NAME MARVIN		22. M.I.		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. 14-DEC-1957		26. HT. 511		27. WT. 175			
	28. ADDRESS 4120 S DREXEL BLVD CHICAGO, IL 60653				29. TELEPHONE NO.		30. WAS SUBJECT ARMED/VERBAL THREAT (ASSAULT) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
SUBJECT INFORMATION	33. WHERE WAS MEDICAL TREATMENT OBTAINED? MERCY HOSPITAL AND MEDICAL CENTER F				34. BY WHOM? DR SCHAD		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
	36. CHARGES PLACED 720 ILCS 5.0/12-3-A-2, 720 ILCS 570.0/402-C								37. CB NO. 18792819		IR NO. <input type="checkbox"/> DNA							
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE							
	SUBJECT'S ACTIONS		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/> OTHER <u>PUBBED/CHARGED INTO F</u>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____							
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Deployed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____									
	39. <input checked="" type="checkbox"/> DNA																	
WEAPON DISCHARGE INCIDENT	* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40. ADDITIONAL INFORMATION													
	POSITION		STAR NO.		UNIT													
	41. WEAPON TYPE		04 SEMI-AUTO PISTOL		42. INCIDENT OCCURRED		43. LIGHTING CONDITIONS		01 Daylight		44. WEATHER CONDITIONS							
	<input type="checkbox"/> 01 REVOLVER		<input type="checkbox"/> 05 CHEMICAL WEAPON		<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		<input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn		<input type="checkbox"/> 04 Dusk		CLEAR							
	<input type="checkbox"/> 02 RIFLE		<input type="checkbox"/> 06 TASER (Probe Discharge)		<input type="checkbox"/> 05 Poor Artificial		<input checked="" type="checkbox"/> 06 Good Artificial											
	<input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 07 OTHER		45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE							
	48. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.									
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED									
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)											
	<input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO											
CASE INFO.	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.													
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)													
	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																	
	73. REPORTING MEMBER (Print Name) HOMER, JUSTIN M STAR/EMPLOYEE NO. 10979 SIGNATURE [REDACTED] 25-NOV-2013 23:53:08																	
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																	
	74. REVIEWING SUPERVISOR (Print Name) KINNANE, BRIAN J				STAR NO. 1120		SIGNATURE [REDACTED]		DATE REVIEWED 25-NOV-2013 23:58:59		TIME							

CPD-11.377 (REV. 10/07)

OG# 1066296

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1332913516

HW548150

70. EVENT NO.
71. RD. NO.

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

R/Lt interviewed arrestee/subject who stated he was on a neighbor's porch when plain clothes officers pulled up and pushed him up on the wall. One unidentified officer asked him about a person who lives upstairs from his residence. Subject stated he told h officers he knew nothing about this person. Subject stated at this he was then told to stand by a wall in the hallway of this building and be quiet. Subject stated when he turned around to ask why he was being arrested he was pushed into the wall and cut his forehead. Subject stated he fell to the ground and was kicked in the torso. Subject had a visible cut over his left eyebrow, dried blood on his face, and a bruise/scrap to his left torso. Subject stated he refused medical treatment at Mercy Hospital because he wanted pictures of his injuries. R/Lt offered subject medical attention which the subject accepted after being printed and photographed which the subject agreed to do. Interview concluded.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

R/Lt finds that this incident requires further investigation based subject and officers staements.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☐ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☒ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1066296 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

BLANCO, DAVID P

SIGNATURE

DATE COMPLETED

TIME

26-NOV-2013 01:23:06

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

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